

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harriet Whitaker PuckneyFile No. For State Registrar Only  
88693Registered No. 1366

(For use of Local Registrar)

St.; ..... Ward

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl(4) Twin or Triplet? —

(5) Number in order of birth

to be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)  
Dec. 3, 1916

## FATHER.

(8) FULL NAME Erwin Hall Puckney(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Memphis, Tenn(13) OCCUPATION R.R. Clerk(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Harriet Vernon Whitaker(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Charleston(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. J. Puckney

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Charleston

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/7/1916 (28) H. J. Puckney M.D. Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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